

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO 417)**

SERIAL NO.

10578728

FILING DATE

APPLICANT

5-10-06 4-23-07

CLAIMS

	AS FILED		AFTER INDEPENDENT		AFTER DEPENDENT	
	NO.	OFF.	NO.	OFF.	NO.	OFF.
1	1		1			
2	1		1			
3		1		1		
4		2		2		
5		2		2		
6		2		2		
7		2		2		
8		2		1		
9	1		1			
10		1		1		
11				1		
12				1		
13				1		
14				1		
15				1		
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49						
50						
TOTAL NO.	3		3			
TOTAL OFF.	12		21			
TOTAL	15		24			

	NO.	OFF.	NO.	OFF.	NO.	OFF.
61						
62						
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TOTAL NO.						
TOTAL OFF.						
TOTAL						